MEETING MINUTES

July 16, 2009

The Veterans Rural Health Advisory Committee (VRHAC) convened on July 16, 2009, via teleconference number (866) 802-4355 and access code 1372672.

Committee members present:
James Ahrens, *Chair*
Charles (Abe) Abramson
Cynthia Barrigan, *Working Group Chair*
Bruce Behringer
Michael Dobmeier
Hilda Heady
Terry Schow

Committee members absent:
James Floyd
Ronald Franks, M.D.
Robert Gibbs, Ph.D.*
Rachel Gonzales-Hanson
Susan Karol, M.D.*
Major General John W. Libby
Tom Morris*
Robert Moser, M.D.
Tom Ricketts, Ph.D.

**Ex-officio members*

Other Attendees:
Patricia Vandenberg, *Assistant Deputy Under Secretary for Health (ADUSH) for Policy and Planning, Veterans Health Administration (VHA)*
Kara Hawthorne, *Director, Office of Rural Health (ORH), Office of the ADUSH for Policy and Planning, VHA*

The VRHAC meeting opened at 2:00 p.m. EDT.

Welcome and Approval of the VRHAC March 3-4, 2009 Meeting Minutes

Chair Ahrens opened the meeting and welcomed the VRHAC members present on the call. Chair Ahrens called for comments or changes to the March 3-4, 2009 VRHAC Meeting minutes from Phoenix, Arizona, and the VRHAC provided none. Mr. Dobmeier moved to approve the minutes, Mr. Abramson seconded the motion and all members voted in favor of the minutes.

Committee Discussion of Department of Veterans Affairs (VA) and ORH Recent Activities

Chair Ahrens welcomed Ms. Vandenberg on the call and informed the VRHAC of the departure of Dr. Richard Hartman from VA service and his transfer to the private sector. Ms. Hawthorne is the appointed designated federal officer for the VRHAC and will continue her role as ORH Director.

State VA Offices

Mr. Schow advocated for greater collaboration and information sharing between ORH and State VA Offices, which are often the "eyes and ears on the ground" for the VA at the local level outside of VHA facilities. Strengthening the partnerships on a national level between State VA Offices and their respective Veterans Integrated Service Networks (VISNs) is essential. Operationally, ORH relies on VISN leadership to make the essential contacts in the community and build these relationships, and VISN leadership is continually encouraged to forge these partnerships with State VA Offices. The Office of the ADUSH will confirm if staff has the availability to attend the National Association of State Directors of Veterans Affairs Annual Conference in September.

ORH Funding Execution

Under Public Law 110-329, ORH recently distributed ~$215M in funding to rural health initiatives across the VISNs and the VHA Program Offices. The VRHAC perceived there was a lack of information sharing during the project selection and funding process. Ms. Vandenberg acknowledged that communication between ORH and the VRHAC could have been more effective. This round of funding execution was the first competitive round of funding processed by ORH. In future funding executions, the VRHAC will be informed of the mission and methodology of the funding awards. The VRHAC understands its charge is not to be involved in the review or selection process but that the VRHAC will strengthen its recommendations from understanding the profile and overarching goals of the recent ORH funding.

ORH Update from VHA

Congress appropriated $250M dollars to ORH under Public Law 110-329. During the first round of seed funding in December 2008, ORH distributed ~$22M across the VISNs. The second round of funding was competitive and open to all VISNs and VHA Program Offices. ORH e-mailed the VRHAC members a list of all seventy-four (74) selected projects for funding with project summaries. The complete listing with project summaries, the managing VISN or VHA Program Office, the funding

amount awarded and the specific areas receiving funding can be found on the ORH website (www.ruralhealth.va.gov).

VISNs and VHA Program Offices each submitted up to eight (8) proposals, which were reviewed internally at the VISN or VHA Program Office level. ORH convened a three (3) person independent, cross-sectional review board to score proposals. Review scores were tested statistically with intereliability measures. VHA Program Offices performed a final review to ensure that no project violated the Program Office's national strategic goals and mission.

The project proposals required detailed project evaluation measures. ORH is synthesizing core evaluation measures from all seventy-four (74) submitted evaluation measures. In Year 2's funding and tracking, the projects will be required to report how it meets at least one (1) core measure. The Veterans Rural Health Resource Centers (VRHRCs) will track all project reporting and are available as expert rural health subject matter experts to the project directors. VRHRCs will assist with modifications to projects to ensure each project meets all its measures and will track closely any risks or threats to projects. All tracking will be overseen by ORH. The VRHAC requested to view these evaluation measures to better understand how ORH is evaluating the effectiveness of the initiatives. The VRHAC requested time to discuss ORH's core and individual project evaluations measures at the September 2009 meeting. ORH will incorporate this discussion into the September meeting agenda.

The majority of the funded projects are service expansion (e.g., geriatrics, rural Outreach Clinics, Home-Based Primary Care, rural Community-Based Outreach Clinics, non-VA providers hosting VA physicians and telehealth) while others consist of studies and analyses for potential pilot projects on topics such as transportation strategies or programs that target areas such as homelessness. ORH funded only VA projects; however, some proposals include contracted care within a project (e.g., staffing rural Outreach Clinics with community providers). In response to VRHAC requests regarding VA and Department of Defense (DoD) project collaborations, ORH informed the VRHAC that while there was no funded VA and DoD collaboration projects in this execution round; VA and DoD collaborations are currently underway at several rural outreach clinics.

All of the eight (8) full-time VISN Rural Consultants are currently conducting a VISN-wide rural health needs assessment due at the end of the fiscal year. Four (4) of the ten (10) rural outreach clinics are operational. One (1) of the four (4) rural mobile health clinics is operational, and all are planning to see patients by fall of this year.

ORH is conducting several studies and analyses and developing issue briefs for each study. Issue briefs on Veterans' chronic disease, quality of care and access to VA facilities are developed from the Rural Veterans Epidemiology study. Issue briefs on broadband networks and community providers are drafted from the Collaborative Networks study, and future briefs include the topics of State VA Offices and State Offices of Public Health. ORH will share these issue briefs with the VRHAC as they are finalized. They will be placed alongside other important educational tools on the ORH website.

The President of the United States initiated a Rural Listening Session this summer (www.ruraltour.gov). On July 20, 2009, Hon. Secretary Eric Shinseki will attend the rural health care related session in St. John's Parish, Louisiana.

The Office of the ADUSH realigned ORH under Dr. Lisa Thomas, Director of the Office of Strategic Planning and Analysis from its previous placement under Policy Analysis. Kara Hawthorne will remain as ORH Director.

Working Group Report and Year End Report to the Secretary of the VA

The VRHAC Working Group held formal meetings monthly and informal meetings to draft sections of the VRHAC Annual Report to the Secretary of the VA. Prior to this teleconference, Ms. Barrigan distributed the Working Group statement of purpose and VRHAC statement of principles. Ms. Barrigan will incorporate all comments on the following principles of the VRHAC by close of business Friday, July 17, 2009.

VRHAC Principles and Philosophies

1. VA should adopt a user-friendly, national definition of "rural Veteran" that is compatible with a majority of other agencies' definitions of "rural" across the board.

    - VA's rural definition is areas outside of "urbanized areas" based on the U.S. Bureau definition. Highly rural is defined by less than seven persons per square mile. VA is leading the efforts in creating geocoded crosswalks between Veteran zip codes and rurality.

2. VHA services to rural Veterans must be applied consistently across the United States including Alaska and the Pacific insular islands, extremely remote areas with distinct access and service barriers.

3. VHA must identify and recognize the traditional challenges faced in rural communities.

4. Veteran culture, rural culture and individual Veteran circumstances must be considered in the delivery of quality care.

5. Integrated primary care and behavioral services should be administered to the Veteran as close to home as possible.

    - The VRHAC recommended a statement be added explaining that mental health is included under VHA's scope of health care services.

6. Rural Veterans and their providers should have access to VA's Electronic Medical Record system.

    - The VRHAC discussed the positive experiences with the My HealtheVet online program that monitors a Veteran's doctors' appointments, health regime, prescriptions and refills and non-prescription supplements and vitamins as a resource for their VA provider or non-VA provider.

7. VA should expand its partnerships and collaborations with federal and state agencies and other organizations to ensure continuity of care in rural and highly rural areas.

    - The definition of a "partnership" will be heavily annotated in the report. The VRHAC requested adding the sharing of resources on top of formal partnerships in the principle. This key point was discussed at length at the March 2009 VRHAC meeting in Phoenix, Arizona.

8. Information and telecommunication technology should be leveraged across the VA system to ensure ease of information sharing, improved access and continuity of care.

    - The principle applies to VA and non-VA facilities in collaboration with VA. Sharing technological resources and infrastructure is an essential component to collaborations with other agencies and organizations.

9. Rural health plans and policies should be data-driven.

    - VA will continue to ensure data is behind its rural health policy decisions. Its geocoding to locate where rural and highly rural Veterans live, studies and analyses on rural Veteran epidemiology and specific health issues lead the way in data-driven research, and the VRHAC endorses these efforts.

10. Funding for Veterans' rural health care systems must be distributed and monitored from a central point (i.e., ORH) and sustained.

    - ORH will continue to have rural health experts and rural Veterans contribute in the strategic stages of rural health funding executions. ORH will have sustainment funding plus potential additional funding above sustainment.

VA staff has reviewed the statement of principles. The Working Group will use these principles as the Annual Report's foundation and describe the purpose of the VRHAC and set its action plan for the next year. The purpose of the first VRHAC report will be to orient Secretary Shinseki to the VRHAC and its principles and philosophies and will be drafted at a strategic and fairly high executive level. VRHAC members will have the opportunity to view the second draft of this report before the September 2-3, 2009, meeting in Washington, D.C. The Working Group will deliver the draft report electronically for review in August with a quick turnaround timeline.

Future Meeting Dates

Chair Ahrens announced September 2-3, 2009, as the final dates of the fall VRHAC meeting in Washington, D.C. ORH will post location and details of this meeting in the Federal Register and the ORH website. ORH will send an e-mail requesting availability on March 2-3, 2010, for the winter VRHAC meeting in Johnson City, Tennessee.

Public Comment

No public comment was submitted for the record.

The meeting adjourned at 3:20 p.m. EDT.

Respectfully submitted,

Kara Hawthorne

Kara Hawthorne
Designated Federal Officer
Veterans Rural Health Advisory Committee

I hereby certify that, to the best of my knowledge, the foregoing minutes from the July 16, 2009, meeting of the Veterans Rural Health Advisory Committee are true and correct.

James F. Ahrens

James Ahrens
Chairperson
Veterans Rural Health Advisory Committee

These minutes will be formally considered by the Committee at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.